

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028134

FILED VS AUG 8 1960

318

Primary Registration District No. 1003

Registrar's No. 7538

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis (11)		Length of stay in 1b 10 Years		c. CITY OR TOWN Saint Louis (12)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carrie Geitner Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) #10 Kinsbury Pl.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CORALIE Middle MARIE Last BOULAY				4. DATE OF DEATH Month July Day 28 Year 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/23/71	
9. AGE (last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid & Cook		11. BIRTHPLACE (City and state or country) France		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Boulay				13b. MOTHER'S MAIDEN NAME Anna Marie Hippy		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Lenay (25) Mo. Marie Brader 227 Nellie Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) 420.0						INTERVAL BETWEEN ONSET AND DEATH 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 6:10 a.m. p.m. Month, Day, Year 7/28/60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1958 to 7/28/60 and last saw her alive on 7/28/60 Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) N. P. Knowlton MD				22b. ADDRESS 3720 Washington St. COUIS 8, Mo		22c. DATE SIGNED 7/29/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 1, 1960		23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		23d. LOCATION (City, town, or county) Mattese, Mo.	
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan Ave.		ADDRESS (11)		25. DATE RECD. BY LOCAL REG. JUL 29 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. mjr	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Herman P. Knudsen, Sr.
3720 Washington Ave
OL-4935

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.